

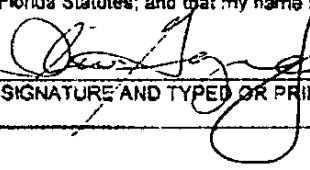
FROM :

PHONE NO. :

FILED
Jul 26, 2005 8:00 am
Secretary of State

07-26-2005 90025 035 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PD4000088447		THE ANNUAL REPORT FOR P04000046447 WAS POSTED TO THIS CORPORATION IN ERROR. THE RECORD WAS CORRECTED 3-23-2006, AND THE FILING WAS REMOVED FROM THE CORPORATE RECORD FOR P04000088447. SPT 3-23-06.	
1. Entity Name I & J HAPPY FACES LEARNING CENTER, INC.		DO NOT WRITE IN THIS SPACE 50057616 DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 10710 WESTWOOD LAKE DRIVE Suite, Apt. #, etc. City & State MIAMI, FL Zip 33134 Country MIAMI DADE			
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number: 02-0725403 Applied For: Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent Name ILIANA GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 4733 SW 1 STREET City MIAMI FL Zip Code 33134	
		8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ILIANA GONZALEZ-PRESIDENT 4733 SW 1 STREET MIAMI FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUAN C. GONZALEZ- V/PRES. 4733 SW 1 STREET MIAMI FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE:  ILIANA GONZALEZ - PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7/21/05 (305) 271-2641 Date Daytime Phone #	

ATTACHMENT

50057616

I & J Happy Faces Learning Center
10710 Westwood Lake Drive
Miami, Fl. 33165

July 21, 2005

- Uniform Business Report
Division Of Corporation
P.O. Box 6198
Tallahassee, Fl. 32314

To Whom It May Concern:

Please be advised that we never received the previous notice requesting payment, in reference to the 2005 Uniform Business Report (UBR).

As per your recording enclosed in the \$150.00 payment and the Document #P04000086447 which we just received the post card notification in our office.

Please except our apology. Thank you for your prompt attention to this matter.

Sincerely,



Iliana Gonzalez / President